

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

10 CIV. 5514

Mr. Ronald Grier

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

Mr. Anthony Chu F.S.A. II  
Mr. David Williams Head Cook  
Mr. Walter Brady Assistant Cook  
Sing Sing Correctional Facility

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

**I. Parties in this complaint:**

A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Mr. Ronald Grier  
ID # 01A2925  
Current Institution Sing Sing Correctional Facility  
Address 354 Hunter Street  
Ossining, New York 10562-5442

B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

10 CIV. 5514

Defendant No. 1 Name Mr. Anthony Chu F. S. A. II Shield # N/A  
 Where Currently Employed Sing Sing corr. Fac.  
 Address 354 Hunter Street  
Ossining, New York 10562-5442

Defendant No. 2 Name Mr. David Williams Head Cook Shield # N/A  
 Where Currently Employed Sing Sing corr. Fac.  
 Address 354 Hunter Street  
Ossining, New York 10562 - 5442

Defendant No. 3 Name Mr. Walter Brady Assistance Cook Shield # N/A  
 Where Currently Employed Sing Sing corr. Fac.  
 Address 354 Hunter Street  
Ossining, New York 10562 - 5442

Defendant No. 4 Name \_\_\_\_\_ Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address \_\_\_\_\_

Defendant No. 5 Name \_\_\_\_\_ Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address \_\_\_\_\_

## II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? Sing Sing  
corr. Fac. 354 Hunter Street Ossining New York 10562

B. Where in the institution did the events giving rise to your claim(s) occur? In the  
Messhall Kitchen area.

C. What date and approximate time did the events giving rise to your claim(s) occur? May 2,  
2009 at approximate 2:30 pm.

What  
happened  
to you?

Who did  
what?

Was  
anyone  
else  
involved?

Who else  
saw what  
happened?

D. Facts: On May 2, 2009 Claimant having been assigned to the designated job duties of, messhall diet preparator, and food Server. At approximately 2:30 pm, Civilian Head Cook Mr. David Williams instructed claimant to retrieve diet vegetable from steam Kettles located in the rear messhall area. At that time, claimant informed Civilian Cook Mr. David Williams to have Kettles Cooks retrieve Said vegetable from the Kettles, as claimant was not familiar with the operation, and safety requirements necessary in the handling of said Kettles. After listening to Claimant, Civilian Cook Mr. David Williams gave claimant a direct order to retrieve vegetables from Kettle. without further comment, claimant proceeded to the Kettle lifting its lid, and instantly heated steam, claimant found himself engulfed in a cloud of intensely heated steam, claimant instinctively throwing up his left arm to protect his face, suffered a severe burn to said left arm. Claimant asserts here, that he was subjected to cruel and unusual punishment when under the threat of receiving an institutional misbehavior report for disobeying a direct order, he was forced by civilian cook Mr. David Williams to operate cooking machinery that he had not been trained to handle.

### III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. As a result of claimant being instructed by civilian cook Mr. David Williams to operate said Kettle which claimant has never been trained to operate, claimant suffered a severe burn to his left arm, which has left a lift time scar, and usually wears a long sleeve shirt to cover it. Also claimant suffered some psychological effect from said incident, occasionally waking up in cold sweats dreaming of the excruciating pain experienced by this incident itself.

### IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes  No \_\_\_\_\_

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Sing Sing correctional Facility 354 Hunter street  
Ossining, New York 10562-5442

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes  No \_\_\_\_\_ Do Not Know \_\_\_\_\_

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes  No \_\_\_\_\_ Do Not Know \_\_\_\_\_

If YES, which claim(s)? Grievance number 46541-09

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes  No \_\_\_\_\_

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes \_\_\_\_\_ No \_\_\_\_\_

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

At Sing Sing correctional Facility Inmate Grievance Program

1. Which claim(s) in this complaint did you grieve? No training by staff (in the messhall) on how to handle kettle, ovens, and steamers

2. What was the result, if any? The response of T.G.R.C., Grievance number 46541-09 Denied

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. Claimant appealed to the Superintendent at Sing Sing corr. fac. which also was Denied Grievance no. 46541-09. Grievant appealed to inmate Grievance program central office review committee. C.O.R.C, C.O.R.C stated Grievant Request unanimously accepted in part.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: \_\_\_\_\_

N/A

2. If you did not file a grievance but informed any officials of your claim, state who you

informed, when and how, and their response, if any: \_\_\_\_\_

*WJA*

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies: \_\_\_\_\_

*WJA*

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

**V. Relief:**

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). *I the plaintiff in the above entitle action is asking the court to be compensated for the injuries he has suffered in this matter.*

*The plaintiff in the above entitle action respectfully request that the court award the plaintiff the sum in the amount of 1.5 million dollars. Based on the direct order from civilian head cook mr. David Williams to remove vegetable from said kettle plaintiff was subjected to a severe burn to the lower portion of his left forearm. Also, based on the lack of training from the Food Service Training Program (I.T.P.).*

*The plaintiff was unaware of the danger of removing a clear plastic garbage bag from said kettle, that was placed over the open area of said cooking Kettle. This was the direct cause of this severe burn to plaintiff arm. see; attached*

Relief pp. 5

Con;

Due to lack of hands on training, plaintiff respectfully request that all parties responsible for the Food Service Training Program (I.T.P) at the Sing Sing Correctional facility at 354 Hunter Street Ossining, New York 10562 should be held accountable for their action or lack there of in the amount specify above.

07-09-10

Ronald Tins 01A2925

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RECEIVED  
SDNY PROSECUTOR'S OFFICE

On these claims

**VI. Previous lawsuits:**

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes  No

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_

*w/ A*

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

*w/ A*

4. Name of Judge assigned to your case \_\_\_\_\_

*w/ A*

5. Approximate date of filing lawsuit \_\_\_\_\_

*w/ A*

6. Is the case still pending? Yes  No

If NO, give the approximate date of disposition \_\_\_\_\_

*w/ A*

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_

*w/ A*

On other claims

C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes  No

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_

*w/ A*

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

*w/ A*

4. Name of Judge assigned to your case \_\_\_\_\_

*w/ A*

5. Approximate date of filing lawsuit \_\_\_\_\_

*w/ A*

6. Is the case still pending? Yes  No

If NO, give the approximate date of disposition \_\_\_\_\_

*w/ A*

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) v/14

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 27 day of July, 2010.

Signature of Plaintiff

Inmate Number

Institution Address

Ronald Aries

01A2925

Sing Sing Correctional Facility  
354 Hunter Street

Ossining, New York  
10562-5442

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 29 day of July, 2010 I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Ronald Aries

## SENDER: COMPLETE THIS SECTION

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4. Restricted Delivery? (Extra Fee)  Yes

## 1. Article Addressed to:

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## 2. Article Number

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Ronald Mair  
0142925

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